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SECTION VIII - LIABLE STATE FUNCTIONS

- 1. <u>Standard Procedures</u>. Most of the methods used in processing interstate claims depend on the Liable State's intrastate procedures. To ensure quality service, certain standardized procedures and policies should be followed by all Liable States.
- 2. Informational Packets for Interstate Claimants. Each Liable State office should provide an informational packet to each interstate claimant upon receiving an initial claim that establishes a new benefit year or is the first claim filed from an Agent State. The Liable State decides on the content of the packet; at a minimum, it should contain: information on weeks claimed filing procedures; any special requirements of the Liable State; any policy or legal considerations which the claimant should know; Benefit Rights information; a telephone contact number; and, a copy of the continued claims form with completion instructions.

Another point which should be covered is the claimant's appeal rights. To assure that appeal hearings will not be denied on the grounds that an appeal was not filed timely, all claimants should be instructed on how to file an appeal by mail to the Liable office.

- 3. <u>Contacting Agent State Offices</u>. The Liable State should consult the electronic interstate office directory and use the information provided to contact the Agent State office by telephone, FAX or ICON.
- **4.** <u>Liable State's Determinations</u>. When the Liable State issues an eligible monetary determination, a notice on the monetary determination should clearly advise claimants with pending issues that the receipt of benefits may be affected by the nonmonetary determination.

When a monetary determination (eligible or ineligible) is issued on a claim where all base period wages are not yet on file, a notice on the monetary determination should clearly advise the claimant that a redetermination is pending the receipt of requested wages.

a. <u>Determination Standards</u>. Monetary and Nonmonetary determinations must conform to claim determination standards in the $\underline{\text{ES}}$ <u>Manual</u>, Part V, Section 6010 - 6019.

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- b. Pre-Exhaustion and Pre-Benefit Year End Notices. The Liable State should notify the claimant whose maximum benefit amount is approaching exhaustion when the balance is only twice the weekly benefit amount. The Liable State should notify the claimant when the benefit year ending is approaching when only two weeks are left before the benefit year ends. This gives ample notice to the claimant of when to file an initial claim to establish another benefit year, or to file for Extended Benefits or additional benefits, as appropriate, and should reduce the number of backdated claims.
- c. <u>Eliqibility Requirements for Extended Benefits</u>. A State in an Extended Benefit Period must give advance notice to claimants of additional eligibility requirements. This can best be done as an attachment to the Pre-exhaustion and Pre-Benefit Year Ending Notices.